FORM D

1266605

03034661

UNITED STATES CURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

CE OF SALE OF SECURITIES URSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY									
Prefix	Serial								
D/	DATE RECEIVED								

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.) CCH II, LLC and CCH II Capital Corp. Senior Note Offering	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)	
(1) CCH II, LLC and (2) CCH II Capital Corp., Co-Issuers	· · · · · · · · · · · · · · · · · · ·
Address of Executive Offices (Number and Street, City, State, Zip Code) 12405 Powerscourt Drive, St. Louis, MO 63131	Telephone Number (Including Area Code) (314) 965-0555
Address of Principal Business Operations (Number and Street, City. State, Zip Code)	Telephone Number (including Area Code)
(if different from Executive Offices) Same	Same
Brief Description of Business	
CCH II, LLC is a holding company the subsidiaries of which own and operate cable television systems. CCF subsidiaries and was formed solely to be a co-issuer of the subordinated notes with CCH II, LLC.	H II Capital Corp. has no independent operations or
Type of Business Organization (2) ⊠ corporation ☐ limited partnership, already formed (1) ☒ other (please	specify): limited liability company
(2) ⊠ corporation ☐ limited partnership, already formed ☐ other (please ☐ business trust ☐ limited partnership, to be formed	• • • •
Countries tract	BOOCESSED
Month Year	PROCEOGE
Actual or Estimated Date of Incorporation or Organization: (1) $\begin{bmatrix} 0 & 3 \\ 0 & 7 \end{bmatrix}$ $\begin{bmatrix} 0 & 3 \\ 0 & 3 \end{bmatrix}$ \boxtimes A	Actual PROCESSED OCT 0 9 2003
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	TUDATEON
CN for Canada: FN for other foreign jurisdiction)	D E Inchisci

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

RECEIVE

8

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required. A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales or securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not SEC 1972 (6-02) required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

	•	orate issuers and of corporate	general and managing partn	ers of partnership iss	euers; and
Each general and mana				8 n	7 Co. 1 . 1/2
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if i Vogel, Carl E.	ndividual)				
Business or Residence Address 12405 Powerscourt Drive, St. I		et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i Schumm, Steven A.	ndividual)				
Business or Residence Address 12405 Powerscourt Drive, St. I		et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i Bellville, Margaret A.	ndividual)				
Business or Residence Address 12405 Powerscourt Drive, St. I		et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i Shaw, Curtis S.	ndividual)				
Business or Residence Address 12405 Powerscourt Drive, St. I		et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i Martin, Paul E.	ndividual)				
Business or Residence Address 12405 Powerscourt Drive, St. I		et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i Schmitz, Eloise E.	ndividual)				
Business or Residence Address 12405 Powerscourt Drive, St. I	•	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i Lifton, Marcy	ndividual)				
Business or Residence Address 12405 Powerscourt Drive, St. I		et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, if i Sims, Timothy L.	ndividual)				
Business or Residence Address 12405 Powerscourt Drive, St. I		et, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

2.1 of 9

		A. BASIC IDEN	ITIFICATION DATA	14 (14 (14 (14 (14 (14 (14 (14 (14 (14 (The four office and the
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in CCH II, LLC, a Delaware limite		(100% beneficial owner of C	CCH II Capital Corp.)		
Business or Residence Address 12405 Powerscourt Drive, St. Le		et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ir CCH I, LLC, a Delaware limited		100% beneficial owner of Co	CH II, LLC)		
Business or Residence Address 12405 Powerscourt Drive, St. L		et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code)			
	(Lice ble	ank sheet or conv and use a	ditional conies of this sheet	ac necessary)	

1044715 2.2

L.	i i i i i i i i i i i i i i i i i i i			, B	INFORM	ATION AE	OUT OFF	ERING					
1.	Has the issuer so	ld, or does t	he issuer inter Answe	nd to sell, to r er also in App	non-accredited endix, Colum	d investors in in 2, if filing i	this offering under ULOE.	?		,		Yes	No ⊠
2.	What is the mini	mum investr	nent that will	be accepted	from any indi	vidual?						\$ None	<u> </u>
3.	Does the offering	g permit join	t ownership o	of a single uni	t?		· · · · · · · · · · · · · · · · · · ·	,				Yes ⊠	No
4.	Enter the inform similar remunera associated perso dealer. If more for that broker or	ation for soli n or agent o than five (5)	citation of pu f a broker or persons to be	rchasers in c dealer regist	onnection with the	th sales of sec SEC and/or	curities in the with a state	e offering. If or states, list	a person to be the name of	e listed is an the broker or			·
	Name (Last name FAPPLICABLE		vidual)	!						<u>.</u>			
Busi	ness or Residence	Address (N	umber and St	reet, City, Sta	ate, Zip Code))							
Nan	ne of Associated E	roker or Dea	aler										
	es in Which Perso heck "All States"					-					[] All	States	
AL	AK	AZ	AR	CA	СО	СТ	DE	DC	FL	GA	НІ	ID	
IL	ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО	
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA	
RI	SC	SD	TN	TX	UT	VY	VA	WA	WV	WI	WY	PR	
Full	Name (Last name	first, if indi	vidual)								,,	114-11	
Busi	iness or Residence	: Address (N	umber and St	reet, City, Sta	ate, Zip Code)							
Nan	ne of Associated E	roker or Dea	aler										
	es in Which Perso heck "All States"					-			,			States	
AL	AK	AZ	AR	CA	СО	СТ	DE	DC	FL	GA	HI	ID	
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО	
МТ	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA	
RI	SC	SD	TN	TX	UT	VY	VA	WA	WV	WI	WY	PR	
Full	Name (Last name	first, if indi	vidual)										
Bus	iness or Residence	Address (N	umber and St	reet, City, St	ate, Zip Code)							
Nan	ne of Associated E	Broker or De	aler										
	es in Which Perso Theck "All States"											l States	
							DE	DC	FL	GA			
AL	AK	AZ	AR	CA	co	CT	DE		LL	UA	HI	ID	
AL	AK IN	AZ IA	AR KS	CA KY	LA	ME	MD	MA	MI	MN	MS	ID MO	
_	IN												

	C. OFFERING PRICE; NUMBER OF INVESTORS, EXPENSES AN	D ŪS	E OF PROCEED	S	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \boxtimes * and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt (10.25% Senior Notes due 2010)	\$	1,602,000,000	\$	1,601,375,000
	Equity	\$	-0-	- s	-0-
	Common Preferred	_			
	Convertible Securities (including warrants)	\$_	- 0-	_ \$ _	<u>- 0 - </u>
	Partnership Interest	\$_	- 0 -	_ \$ _	- 0 -
	Other (Specify:)	\$_	- 0 -	_ \$ _	- 0 -
	Total	\$_	1,602,000,000	_ \$ _	1,601,375,000
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		71	\$	1,601,375,000
	Non-accredited Investors		- 0 -	-	-0-
	Total (for filings under Rule 504 only)		N/A	-	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505	\$_	N/A	\$	N/A
	Regulation A	\$_	N/A	_ \$ _	N/A
	Rule 504	\$_	N/A	_ \$ _	N/A
	Total	\$_	N/A	_ \$ _	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees				\$
	Printing and Engraving Costs			\boxtimes	\$ 25,000
	Legal Fees			\boxtimes	\$ 1,000,000
	Accounting Fees			\boxtimes	\$ 276,000
	Engineering Fees				 \$
	Sales Commissions (specify finders' fees separately)				\$
	Other Expenses (identify) (investment banking fee and expenses \$11,400,000; valuation research \$175,000; expenses re identification of existing bond			\boxtimes	\$ 11,829,000
	holders \$254,000) Total	•		\boxtimes	\$ _13,130,000

* Exchange offering and cash sales.

1044715 4 of 9

C: OFFERING PRICE, NUMBER O	F INVESTIORS, EXPENSES AN	D USE OF PRO	OCEEDS	
b. Enter the difference between the aggregate offering price gives and total expenses furnished in response to Part C - Question 4.a. T proceeds to the issuer."	his difference is the "adjusted gross		\$	<u>1,588,870,00</u> 0*
5. Indicate below the amount of the adjusted gross proceeds to the issue each of the purposes shown. If the amount for any purpose is not kn the box to the left of the estimate. The total of the payments listed n to the issuer set forth in response to Part C – Question 4.b above	own, furnish an estimate and check nust equal the adjusted gross proceeds			
*Note that this transaction was predoming offering and the only cash portion of the \$29,021,000.		Payment Officer Directors Affiliat	s, s, &	Payments To Others
Salaries and fees		□ \$	□	\$
Purchase of real estate		S		\$
Purchase, rental or leasing and installation of machinery and	equipment	□ s		\$
Construction or leasing of plant buildings and facilities		□ s		\$
Acquisition of other businesses (including the value of securior offering that may be used in exchange for the assets or securities issuer pursuant to a merger)	ties of another	□ s		\$
Repayment of indebtedness				\$
Working capital		□ s		\$1,588,870,000
Other (specify):		s		\$
		□ s		\$
Column Totals		□ s		\$ 1,588,870,000
Total Payments Listed (column totals added)			\$ 1 <u>,588,87</u>	
D. F	EDERAL SIGNATURE	The state of the s	Topic Special	
The issuer has duly caused this notice to be signed by the undersigned du an undertaking by the issuer to furnish to the U.S. Securities and Exchange non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	ally authorized person. If this notice is fige Commission, upon written request o	iled under Rule 505 f its staff, the infort	i, the following si nation furnished b	gnature constitutes by the issuer to any
Issuer (Print or Type)	Signature		Date	
CCH II, LLC and CCH II Capital Corp., Co-Issuers	aloin Stu	De la companya dela companya dela companya dela companya de la companya dela companya de la companya dela companya de la companya dela companya de la companya de la companya dela companya del	October 6	, 2003
Name of Signer (Print or Type)	Title of Signer (Print or Type)		·	
Eloise E. Schmitz	Vice President			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1044715

				
75.75		STATE SIGNATURE		Territoria de la companya de la comp
۱.	Is any party described in 17 CFR 230.262 presently subject to any of such rule?	•		No ⊠
	See Appen	ndix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state adm such times as required by state law.	ninistrator of any state in which this notice is filed	l, a notice on Form D (17 CFR 2	39.500) at
3.	The undersigned issuer hereby undertakes to furnish to the state adm	ninistrators, upon written request, information furn	nished by the issuer to offerees.	
4.	The undersigned issuer represents that the issuer is familiar with the (ULOE) of the state in which this notice is filed and understands that conditions have been satisfied.— Not Applicable			
	e issuer has read this notification and knows the contents to be true an rson.	d has duly caused this notice to be signed on its be	ehalf by the undersigned duly au	thorized
lss	uer (Print or Type)	Signature	Date	
í	CH II, LLC and CH II Capital Corp., Co-Issuers	altin Selectly	October 6, 200	03
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		· · · · · · · · · · · · · · · · · · ·
E	loise E. Schmitz	Vice President		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1044715

APPENDIX

1		2	3			4			5 ification	
	non-a- investo	to sell to ccredited ors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
Cara				Number of Accredited		Number of Non-Accredited	Amount	Yes	No	
State AL	Yes	No		Investors	Amount	Investors	Amount	i es	140	
AK										
AZ										
AR	···									
CA		х	Senior Notes \$1,602,000,000			-0-	-0-	Not Applicable	Not Applicable	
СО										
СТ		Х	Senior Notes \$1,602,000,000	2	\$51,598,000	-0-	-0-	Not Applicable	Not Applicable	
DE										
DC										
FL										
GA										
НІ										
ID										
IL										
ĪN										
IA										
KS										
KY										
LA										
ME										
MD										
MA		Х	Senior Notes \$1,602,000,000	17	\$95,678,000	-0-	-0-	Not Applicable	Not Applicable	
MI										
MN										
MS							-			

1044715

7 of 9

APPENDIX

1	Intend non-ac investor	to sell to ceredited rs in State 8-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Disqualification under State ULOE Type of investor and (if yes, attach explanation amount purchased in State (Part C-Item 2) (Part E-Item 1)			amount purchased in State (Part C-Item 2)		
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
МО									
МТ									
NE									
NV									
NH							······		
NJ									
NM				·					
NY									
NC							······································		
ND							<u>-</u> -		
ОН									
ок									-
OR									
PA		X	Senior Notes \$1,602,000,000	1	\$137,735,000	-0-	-0-	Not Applicable	Not Applicable
RI									
SC									
SD							······································		
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									

1044715 8 of 9

CDDDATATA	
APPENDIX	

1		2	3		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification		
	non-a investo	to sell to ccredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)						ate ULOE h explanation r granted) -Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR				-	10 10 10 10 10 10 10 10 10 10 10 10 10 1						

1044715 9 of 9